KANSAS DEPARTMENT FOR AGING & DISABILITY SERVICES
Supervised Postgraduate Professional Experience Plan

The applicant shall complete Parts 1 and 2 of this form and sign the agreement on the back. The Kansas licensed supervisor responsible for monitoring and evaluating the applicant must complete Parts 3 and 4 and sign the agreement on the back of this form.

Part 1 APPLICANT INFORMATION

Applicant Name_____
Last First MI

Area in which licensure is sought: ___Speech-Language Pathology ___Audiology

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Part 2 EMPLOYMENT INFORMATION

Name of Employer_____

Employing Agency_____

Business Address_____
Street PO Box City State Zip

Business Telephone (_____)_____

Employment to begin on _____/_____/_____

Part 3 SUPERVISOR INFORMATION

Name of Supervisor_____

Business Address_____
Agency/Business Street/PO Box City State Zip

Business Telephone (_____)_____

Kansas License Number _____ Expiration Date_____

Licensed in what area? ___Speech-Language Pathology ___Audiology ____Both

Supervision to begin on _____/_____/_____ Supervision to conclude on _____/____/_____

(Over)

Indicate the length of supervised postgraduate professional experience and the hours to be worked per week.

___ Nine months of full-time professional employment of at least 35 hours per week.

___ Twelve months of part-time professional employment of at least 25 hours per week.

___ Fifteen months of part-time professional employment of at least 20 hours per week.

___ Eighteen months of part-time professional employment of at least 15 hours per week.

Note: Per K.A.R. 28-61-2(h)(3) and (4): Each applicant working full-time shall spend 80% of the week in direct client contact and activities related to client management. Each applicant working part-time shall spend 100% of the week in direct client contact

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Part 4 SUPERVISION AGREEMENT

Per K.A.R. 28-61-2(h)(7)(8) and (9): The supervisor shall evaluate the applicant on no less than 36 occasions of monitoring activities at a minimum of four hours per month. At least 18 onsite observations at a minimum of two hours per month shall be made by the supervisor.

Monitoring occasions may include onsite observations, conferences in person or on the telephone, evaluation of written reports, evaluations by professional colleagues, or correspondence. The supervisor shall maintain written records of all contacts and conferences during this period.

The supervisor shall maintain detailed written records of all contacts and conferences during this period. If the supervisor determines that the applicant is NOT providing satisfactory services at any time during the period, the supervisor shall inform the applicant in writing and submit written reports to the applicant during the period of resolution.

Supervisor's Agreement

I have read, discussed and agreed upon the aforementioned information and arrangement. I hereby attest that the information supplied in this form is accurate and complete. I further attest that I am the person described and identified on this form as the supervisor. I agree to sign and submit a "Supervised Experience Documentation form" to the Department within 30 days of completion of the supervised postgraduate professional experience.

_____ _____

➤SUPERVISOR'S SIGNATURE **Date**

Applicant's Agreement

I have read, discussed and agreed upon the aforementioned information and arrangement. I hereby attest that the information supplied in this form is accurate and complete. I further attest that I am the person described and identified on this form as the applicant.

_____ _____

➤APPLICANT'S SIGNATURE **Date**

Mail completed form to: Health Occupations Credentialing
612 S Kansas
Topeka KS 66603-3404